

## SUPERVISING PHYSICIAN FORM

The Supervising Physician must designate one alternate supervising physician to oversee the physician assistant during the supervising physician's temporary absence. Please complete and return form to the Idaho State Board of Medicine, PO Box 83720, Boise, ID 83720-0058; Express Mail: 1755 Westgate Dr. #140, Boise, ID 83704.

Date Received	Fee / Current	Approved By	Effective Date
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Physician Assistant Name: \_\_\_\_\_ PA License No. \_\_\_\_\_

### SUPERVISING PHYSICIAN

Name: \_\_\_\_\_  
Last First Initial Idaho Medical License No.

Address: \_\_\_\_\_  
Street Telephone  
City State Zip Code

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians.

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_, 20\_\_\_\_

Initial registration fee for primary supervising physician is \$50.00.

### ALTERNATE SUPERVISING PHYSICIAN

Name: \_\_\_\_\_  
Last First Initial Idaho Medical License No.

Address: \_\_\_\_\_  
Street Telephone  
City State Zip Code

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_, 20\_\_\_\_

### DELETION OF PHYSICIAN ASSISTANT

Name of Physician Assistant(s) no longer supervised:

Effective Date(s):

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_